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EXAMINER

REYES, REGINALD R

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

DETAILED ACTION

Status of Claims

1. This office action is made Final. Claims 1-9 and 15-16, have been examined and are addressed below.

Response to Amendments/Arguments

2. The rejection of claim 1-9 and 15-16 under 35 USC § 112 second paragraph is withdrawn in light of Applicant's amendment of the claim.

3. Applicant's arguments with respect to claim 1-10 and 15-16 have been considered but are not persuasive. With respect to claim 1 applicant argues that the prior art does not teach first and second access security. Examiner respectfully disagrees. As Schoenberg shows in fig. 2 and column 4 lines 52-67, it shows a flow diagram of the method of distributing medical information. There is a first level access security is taught on element 216 of Fig. 2 where the received info is determined if it's a unique patient match. Element 220 is the second level access security where it determines if the codes satisfy the identification constraints. Since Mehring teaches a method step of sorting data into restricted and unrestricted data where the data is sorted into multiple levels (access security third and forth) of restricted data, with each requiring another security level to access (see for example Mehring column 14 lines 64-67 and column 15 lines 1-16). It would be an obvious combination/modification of the prior arts to distribute medical information in which the medical care provider or

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pharmacy has quick access to a patient's medical record, but only to the information within the medical record that is needed by the user (medical professional, doctor, nurse) for the proper treatment of the patient at the time.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claim 1-9, 15-16 rejected under 35 U.S.C. 103(a) as being unpatentable over Donoho et al (U.S. 7,346,655) in view of Schoenberg (U.S. 6,463,417) and Mehring et al (U.S. 6,609,115).
5. With respect to claim 1, Donoho teaches a method for storing and reporting pharmacy data, comprising the steps of: generating by a plurality of pharmacies (see for example Donoho column 53 lines 4-6 and column 92 lines 25-39), each of the pharmacies operating within a managed care organization, electronic pharmacy data comprising medical, financial and transactional information related to pharmaceutical transactions (see for example Donoho column 53 lines 4-6 and column 92 lines 25-39). Donoho teaches providing the report to the requestor (see for example Donoho column 53 lines 5-6 and column 53 lines 17-20). Donoho teaches receiving over a network, by

a processing center of the managed care organization, a data transfer request to transfer respective electronic pharmacy data from at least one of the plurality of pharmacies (see for example Donoho column 53 lines 4-6 and column 92 lines 25-39).

Donoho does not teach providing first access security by the processing center in response to the data transfer request, wherein the first access security includes checking credentials defined by the processing center and submitted for authorization by the at least one pharmacy; providing second access security by the processing center in case the at least one pharmacy passes the first access security, wherein the second access security includes, prior to accepting the respective electronic pharmacy data by the processing center, checking whether the respective electronic pharmacy data meet at least one predefined validity requirement defined by the processing center; receiving, by the processing center, a transfer of the respective electronic pharmacy data pursuant to compliance with the second access security ; processing, organizing and structuring the electronic pharmacy data by the processing center to format the electronic pharmacy data in accordance with at least one of a predetermined protocol and format; storing the processed electronic pharmacy data in a data warehouse; storing subsets of the processed electronic pharmacy data in a data mart, the subsets being adapted to meet specific demands of particular requestors in terms of analysis, content, presentation and format, by storing a portion of a larger set of data residing in the data warehouse thereby to allow preparation of predetermined sets of reports pertinent to the particular requestors; receiving by the processing center a data request from a data requestor to obtain at least a portion of the processed electronic pharmacy

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data, the data requestor having a privilege level identifying the type of data available to the requestor; providing third access security by the processing center in response to the data request, wherein the third access security includes checking credentials defined by the processing center and submitted for authorization by the data requestor; providing fourth access security by the processing center in case the data requestor passes the third access security, wherein the fourth access security includes checking whether requested electronic pharmacy data is consistent with the scope of the privilege level of the data requestor; formatting the portion of the electronic pharmacy data requested by the data requestor into a report pursuant to compliance with the fourth access security, the portion of the electronic pharmacy data for the report being developed from the data in the data warehouse or the subsets of the data in the data mart.

Schoenberg teaches storing at a datastore/data warehouse the health data and associated access priority data and receiving from a requester (see for example Schoenberg column 2 lines 40-62). Schoenberg teaches further a schematic diagram of a patient's medical record in accordance to the security access codes generated by the patient (formatting data). The security access codes that are easily ascertained are assigned to low security categories and security access codes that are more difficult to ascertain are assigned that high security categories (see for example Schoenberg column 2 lines 40-62 and column 6 lines 26-64 and Fig. 3). With respect to the "subsets being adapted to....." it is obvious to substitute one type of data with another as long as the method is performed.

Mehring teaches a method step of sorting data into restricted and unrestricted data where the data is sorted into multiple levels of restricted data, with each requiring another security level to access (see for example Mehring column 14 lines 64-67 and column 15 lines 1-16). One of ordinary skill in the art at the time of invention would have found it obvious to combine the method of storing and reporting pharmacy data as taught by Donoho with the secured data access taught by Schoenberg with the multiple levels of restricted data as taught by Mehring with the motivation to distribute medical information in which the medical care provider or pharmacy has quick access to a patient's medical record, but only to the information within the medical record that is needed by the user (medical professional, doctor, nurse) for the proper treatment of the patient at the time.

6. Referring to Claim 2, Donoho in view of Schoenberg and Mehring teaches the method of claim 1, further comprising the steps of: encrypting by the respective plurality of pharmacies the pharmacy data before transferring the electronic pharmacy data to the processing center (see for example Donoho column 53 lines 55-58); decrypting the electronic pharmacy data by the processing center after obtaining it the electronic pharmacy data is received (see for example Donoho column 53 lines 61-62).

7. Referring to Claim 3, Donoho in view of Schoenberg and Mehring teaches the method of claim 1 wherein the electronic pharmacy data are obtained by means of

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received via an electronic communications network (see for example Donoho column 57 lines 46-47).

8. Referring to Claim 4, Donoho in view of Schoenberg and Mehring teaches the method of claim 3 wherein the requestor requests and receives the report by means of an electronic communications network (see for example Donoho column 14 lines 15-21 and Fig. 21).

9. Referring to Claim 5, Donoho in view of Schoenberg and Mehring teaches the method of claim 4 wherein the electronic communications network is an intranet (see for example Donoho column 8 lines 2-9).

10. Referring to Claim 6, Donoho in view of Schoenberg and Mehring teaches the method of claim 4 wherein the electronic communications network is the internet (see for example Donoho column 8 lines 2-9).

11. Referring to Claim 7, Donoho in view of Schoenberg and Mehring teaches the method of claim 1, wherein the requestor is selectively allowed access to a greater or lesser portion of the electronic pharmacy data based upon predetermined criteria (see for example Donoho column 18 lines 23-39).

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12. Referring to Claim 8, Donoho in view of Schoenberg and Mehring teaches the method of claim 1, further comprising the step of checking by the processing center the electronic pharmacy data for defects before storing it (see for example Donoho column 42 lines 27-35).

13. Referring to Claim 9, Donoho in view of Schoenberg and Mehring teaches the method of claim 1, further comprising the step of encrypting the report by the processing center before sending it to the requestor (see for example Donoho column 19 lines 66-67 and column 20 lines 1-6).

14. Referring to Claim 15, Donoho in view of Schoenberg and Mehring teaches the method of claim 1, wherein the report represents financial performance by an individual pharmacy, financial performance by a plurality of pharmacies, or a medication review (see for example Donoho column 53 lines 5-6 and column 53 lines 17-20).

15. Referring to Claim 16 Donoho in view of Schoenberg and Mehring teaches the method of claim 1, wherein the processing center formats the electronic pharmacy data or the report to comply with HIPAA (see for example Donoho column 53 lines 5-6 and column 53 lines 17-20).

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. U.S. Patent No. 7,401,027 teaches methods for collecting fees for healthcare management group.

U.S. Patent No. 7,398,217 teaches methods and systems for healthcare practice management.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to REGINALD REYES whose telephone number is (571)270-5212. The examiner can normally be reached on 7:30-5:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on 571-272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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